

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559950

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4			1			
5				1		
6					1	
7						1
8					1	
9						1
10					1	
11						1
12					1	
13						1
14					1	
15						1
16					1	
17						1
18					1	
19						1
20					1	
21						1
22					1	
23	1					1
24		1				1
25		1				1
26	13					1
27	0					1
28						1
29						1
30						1
31						1
32						1
33						1
34						1
35						1
36						1
37						1
38						1
39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.			2			
TOTAL DEP.			2			
TOTAL CLAIMS			2			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						